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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 256	Pool Name, including Formation Angel Peak Gallup Ext	Kind of Lease State (Federal) or Fee	Lease No. SF078007
Location Unit Letter <u>0</u> <u>1180</u> Feet From The <u>S</u> Line and <u>1550</u> Feet From The <u>E</u>				
Line of Section <u>31</u> Township <u>27N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 31 27N 9W

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 04-29-74	Date Compl. Ready to Prod. 10-30-74	Total Depth 6182'		P.B.T.D. 6166'				
Elevations (DF, RKB, RT, GR, etc.) 6515' GL	Name of Producing Formation Gallup	Top 3 1/2" Gas Pay 5856		Tubing Depth 6114'				
Perforations 5856', 5864', 5890', 5964', 6004', 6024', 6046', 6084', 6120', 6124'		Depth Casing Shoe 6182'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		218'		183 cu. ft.			
7 7/8"	4 1/2"		6182'		1315 cu. ft.			
	2 3/8"		6114'		Tubing			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 296	Length of Test 3 hours	Bbls. Condensate/MCF XXX 3 hours 37.44	Gravity of Condensate 42.1 API
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 463	Casing Pressure (Shut-in) 912	Choke Size 3/4" Variable

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Suarez
(Signature)
Drilling Clerk
(Title)
November 4, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22, 1974
BY Original Signature
TITLE SUPV. TEST. DIV.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.